

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5		4		4		
6		0		1		
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11		2		2		
12		0		1		
13	1		1			
14	1		1			
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		0	1			
21		0		0		
22		0		0		
23		0		0		
24		0		0		
25		0		0		
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49						
50						
TOTAL IND.			11			
TOTAL DEP.			21			
TOTAL CLAIMS			32			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						